Male White winder Divorced Jan. 22, 1877 80  10a. USBAL OCCUPATION (Gibe kind of work done during most of working life, even if retired)  11a. USBAL OCCUPATION (Gibe kind of work done during most of working life, even if retired)  11b. WAS DECEASED EVER IN U. S. ARMED FORCES?  11c. SOCIAL SECURITY NO. 17. IMPORMANT  11c. WAS DECEASED EVER IN U. S. ARMED FORCES?  11d. SOCIAL SECURITY NO. 17. IMPORMANT  12d. WINDOWN  13. FATHER'S NAME  UNKNOWN  14. MOTHER'S MAIDEN NAME  UNKNOWN  15. WAS DECEASED EVER IN U. S. ARMED FORCES?  16d. SOCIAL SECURITY NO. 17. IMPORMANT  Virginia Keathley. 326 W. Watson Rd.  18. CAUSE OF DEATH (Enter only one cause per line for (a)-(b). and (c). 1  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  SIRAL Intestine  Conditions, if any, which gare rise to observe (a)  stading the underlying cause load.  SIRAL Intestine  20a. ACCIDENT SUICIDE  HOMICIDE  20a. ACCIDENT SUICIDE  HOMICIDE  20a. ACCIDENT SUICIDE  HOMICIDE  20a. ACCIDENT SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  20d. INJURY OCCURRED  WHILE AT	ı	FILED	JUN	24 191						CATE OF DEA		l ()(	'57 <b>73</b>	STATE	2,2	3.5	<b>2</b>	57
OR TOWN St. Louis, No.	1.		EATH	109131						2. USUAL RES	DENCE (W	here d	eceased b.	lived. . COU	If institu	tion: Res	uidence odmi	beloré ssjon)
Substitution   Rarnes Hospital   Substitution   Rarnes Hospital   Substitution		OR TOWN	St. L	ouis,	Mo.			Yesi <b>3K</b> . No	۵.	OR	Kir	kwo	-				Inside	
DECLASED (Type or print) William Taylor Bell DATE of DRATH May 25, 1957  5. SEX 0 6. COLOR OR RACE White William Taylor Repaired Part of DRATH Section William Day Notes and Color of Race White William Down Date of Drath Male White William Down Date of Drath Male White Draw Notes Date of Drath Date of Drath Male White Draw Notes Date of Drath Draw Notes Date of Drath Draw Notes Drath Draw Notes Date of Drath Draw Notes Drath Draw Notes Date of Drath Draw Notes Drath Drath Draw Notes Date of Drath Draw Notes Date Date Draw Notes Date Date Date Draw Notes Date Date Draw Notes Date Date Date Draw Notes Date Date Date Draw Notes Date Date Date Date Date Date Date Date	0	HUSPITAL	OR _								s 326	W.	Wat	ide, giv SON	Řå.	ion)		
S. SEX   O   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   S. DATE OF BIRTH   S. AGE (In years)   Inducer I YEAR) if under 18   Married   Date	-	DECEASED			••						_	14.	OF		_			
Murphysboro, Tenn.    13. FATHER'S NAME	5.		<u> </u>	LOR OR RA	ACE	WIDOW	D NE	VER MARRIED		Jan.22.18	377	ļ	last bird 80			R 1 YEAR	IF UNDE	
Unknown  15. WAS DECEASED EVER IN U. S. ARMED FORCES:  (Yes, no, or unknown)  (If we, die, or dates of service)  (No  16. SOCIAL SECURITY NO. 17. INFORMANT  Unknown  Virginia Keathley, 326 % liatson Rd.  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Lung abscess  Conditions, if any, which gave rise to done cause (c). Small intestine  Conditions, if any, which gave rise to done cause (c). Small intestine  If we cause (a). Due to (c)  FART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of tiem 18.)  20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of tiem 18.)  20a. (INJURY OCCURRED WHILE AT ONE OF THE WHILE ADDRESS (COUNTY STANDOWN AT WORK)  21. I attended the deceased from ADT II 1, 1957, to May 25, 1957, and last saw her alive on May 25, 19  Deatly occurred at 6:50 P.M. mon the date stated above, and to the best of my knowledge, from the causes stated above, and to the best of my knowledge, from the causes stated showed the part of		during most of Reti	working l	king life, even if retired)		106. KIND (	OF BUSINE	ESS OR INDUSTRY		Murphy	sboro,					_	AT COUN	COUNTRY
Conditions, if any, which game rise to above cause per line for (a), (b), and (c).]   NO   NO   NO   INTERVAL BETWEEN   INTER		1																
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Conditions, if any, which gare rise to obove cause (a) Small intestine  Small intestine  DUE TO (b)  Generalized arteriosclerosis with gangrene of Small intestine  Julying cause load.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PERFORMEDT	15. ( Pa	es. no. or unknown	EVER IN L	i. S, ARMED give war or de	FORCES	S? rrice)			NO, 1		Keath	ley	. 32			on R	d.	
Small intestine  small interior  small intestine  small intestine  small intestine  small interior  small intestine  small interior  sma		l .	DEATH WAS	CAUSED BY	Υ: Ε (α)	Lung a	absce	88							·	ONSE	MO.	DEATH
PERFORMEDT YES \$\overline{\text{TOTAL}} \text{Performed} \text{YES \$\overline{\text{TOTAL}} \text{Performed} \text{YES \$\overline{\text{TOTAL}} \text{Performed} \text{YES \$\overline{\text{TOTAL}} \text{Performed} \text{Total} \text{Performed} \text{Performed} \text{Total} \text{Performed} \text{Total} \text{Performed} \text{Total} \text{Performed} Performe	7	which go above of stating	ive rise to ause (a), he under-	}		Generall	alize inte	d arte stine	rio	sclerosis	with	gaı	ngrer	ne o	f			
20c. TIME OF Hour Month, Day, Year INJURY a. m. p. m.  20d. INJURY OCCURRED WHILE AT NOT WHILE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)  21. I attended the deceased from April 11, 1957, to May 25, 1957, and last saw her alive on May 25, 19 Death occurred at 6:50 P.M. mon the date stated above; and to the best of my knowledge, from the causes stated above; and to the b	ICATIO	PART II.	OTHER SIGN	IFICANT CON	DITIONS C	CONTRIBUTING	S TO DEAT	H BUT NOT REL	ATED 1	O THE TERMINAL DIS	EASE CONDITIO	ON GIV		• •	Ĺ	PE	RFORME	D7 /
INJURY a. m. p. m.  20d. INJURY OCCURRED WHILE AT   NOT WHILE   farm, factory, street, office bldg., etc.)  21. I attended the deceased from   April 11, 1957, to   May 25, 1957, and last saw her alive on   May 25, 1959, and last saw her ali	CERT	. 🗆				206. DESC	RIBE HOW	INJURY OCCI	URREI	). (Enter nature o	of injury in	Part I	or Pari	t.II of ii	tem 18.)		_,·	
WHILE AT NOT WHILE TO STORK TO STORE		INJURY	а. т. р. т.															
Death/occurred at 6:50 P.M. mon the date stated above; and to the best of my knowledge, from the causes stated above; and to the causes stated above; and to the causes stated above; and to the causes stated above; and t	2	E 20d. INJURY OCCURRED  20e. PLACE OF INJURY (e. g., in or about home, while AT not while farm, factory, street, office bldg., etc.)  20f. CITY, TOWN, OR LOCATION  COUNTY ST														STATE		
M.D. BARNES HOSPITAL 5/26/5  230 BURML, CREMATION 230. DATE 25. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town. or county) (State)  Removal 5-26-57 Local Bradford Temm.  24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 267 REGISTRAR'S SIGNATURE		Death occurred at 6:50 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated																
Removal (Specify) 5-26-57 Local Bradford Temp.  24. FUNERAL DIRECTOR ADDRESS 25. DATE RECO. BY LOCAL REG. 257 REGISTRAR'S SIGNATURY		10	u 1	13. 7	K	lly	/		0 	·							5/26	/57
	_	Removal (Spec	i/y)		57 <u></u>	.//		cal	-	• • • • • • • • • • • • • • • • • • • •	E	3rac	dfor	d.Te	m		(State	)
	_			4700			on B]		5. DAT	AY 27 57	REG. 26	PREG 6	STRAR'S	S SIGNA	1099	iti		MS

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Martiada Maatoley, 225 Martean M.

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....c.tz.n.

--- STATEMENT BY LICENSED EMBALMER

working under my personal supervision.

Signature of Student Embalmer

4 10 Mure

Licensed Embalmer No./...!

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

. Wife rod address Try to the formal